

2/3/2.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: INFORMATION SECURITY AND TRAINING, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

EVERETT LANIER

Name of Person

INFORMATION SECURITY AND TRAINING, LLC

Firm/Company

6275 UNIVERSITY DRIVE SUITE 37-243

Address

HUNTSVILLE AL 35806

City/State and Zip Code

ELANIER@ISTCOMPANY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EVERETT LANIER

Name of Contact Person

256

at ()

Area Code

682-3632

Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy

☒ \$160.00 Filing Fee, Certificate
of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS
IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. INFORMATION SECURITY AND TRAINING, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. MADISON COUNTY ALABAMA

(Jurisdiction under the law of which foreign limited liability company is organized)

26-2409587

3. (FEI number, if applicable)

4. 08/25/2021

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 680 W 6TH AVENUE

(Street Address of Principal Office)

6. 6275 UNIVERSITY DRIVE SUITE 37-243

(Mailing Address)

TALLAHASSEE FL 32303

HUNTSVILLE AL 35806

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **RENITTA KNIGHT CONSTRUCTION LLC**

Office Address: **680 W 6TH AVENUE**

TALLAHASSEE

(City)

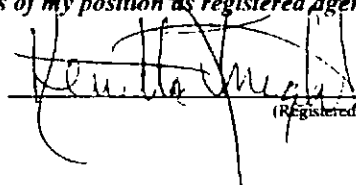
Florida

32303

(Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

FILED
21 AUG 31 AM 9:08
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: **Name and Address:**

☒ Manager Name: EVERETT LANIER

☐ Member Address: 6275 UNIVERSITY DRIVE

☐ Authorized SUITE 37-243

Person HUNTSVILLE AL 35806

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Title or Capacity: **Name and Address:**

☐ Manager Name: RENITTA KNIGHT

☐ Member Address: PO BOX 4094

☒ Authorized _____

Person TALLAHASSEE FL 32315

☒ Other Qualifying Agent ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Everett Lanier

Signature of an authorized person

EVERETT LANIER

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Information Security and Training, LLC was formed in Madison County, Alabama on April 16, 2008. The Alabama Entity Identification number for this entity is 418-967. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



20210825000018676

In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

08/25/2021

Date

A handwritten signature in black ink, reading "J. H. Merrill".

John H. Merrill

Secretary of State